

### Step 1: Universal Data Collection

Please complete the following basic client information and note that all fields with an \* are required fields. Universal Data Elements are required for all project participants. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

#### Basic Client Information:\*

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

#### Name Data Quality:\*

- ☐ Full Name Reported
- ☐ Partial, Street Name or Code Name Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

#### Social Security Number:\*

- ☐ \_\_\_\_\_
- ☐ Full SSN Reported
- ☐ Approximate or Partial SSN Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

#### Birthdate:\*

- ☐ Full DOB Reported
- ☐ Approximate or Partial DOB Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

#### Ethnicity:\*

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected
- ☐
- ☐ Client Refused
- ☐ Data Not Collected

#### Race: \* (Select All That Apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

#### Gender:\*

- ☐ Male
- ☐ Female
- ☐ Trans Male (FTM or Female to Male)
- ☐ Trans Female (MTF or Male to Female)
- ☐ Gender Non-Conforming (not exclusively male or female)
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

#### Relationship to Head of Household:\*

- ☐ Self
- ☐ Head of household's child
- ☐ Head of household's spouse or partner
- ☐ Head of household's other relation member
- ☐ Other: non-relation member

#### Contact Information:

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

## Step 2: Project Enrollment

Complete the project enrollment information and please note all fields with an \* are required fields. Complete additional forms for each household member enrolled.

Project Start Date:\* \_\_\_\_\_

Case Manager:\* \_\_\_\_\_

Date of Engagement:\* \_\_\_\_\_ *(Interactive client relationship; results in deliberate assessment)*

## Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an \* are required fields.

Disabling Condition:\*

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> Client Refused     |
| <input type="checkbox"/> No                  | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Client Doesn't Know |   |

Prior Living Situation:\*

### HOMELESS SITUATIONS

- ☐ Place not meant for habitation (a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- ☐ Safe Haven

**If the client's type of residence is a homeless situation, answer the following questions:**

Length of stay in the prior living situation:\*

- |  |  |
|--|--|
| <input type="checkbox"/> One night or less                         | <input type="checkbox"/> One year or longer  |
| <input type="checkbox"/> Two to six nights                         | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> One month or more, but less than 90 days  | <input type="checkbox"/> Data Not Collected  |
| <input type="checkbox"/> 90 days or more, but less than one year   |  |

Approximate date homelessness started:\* \_\_\_\_\_

Prior Living Situation:\* *(Living situation just prior to project entry)*

### INSTITUTIONAL SITUATIONS

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison or juvenile detention center
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric Hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

**If the client's type of residence is an institutional situation, answer the following questions:**

Did you stay less than 90 days:\*

☐ Yes

☐ No

If Yes, then length of stay in the prior living situation:\*

If No, then length of stay in the prior living situation:\*

☐ One night or less

☐ 90 days or more, but less than one year

☐ Two to six nights

☐ One year or longer

☐ One week or more, but less than one month

☐ Client Doesn't Know

☐ One month or more, but less than 90 days

☐ Client Refused

☐ Client Doesn't Know

☐ Data Not Collected

☐ Client Refused

☐ Data Not Collected

On the night before did you stay on the streets, ES or SH:\*

☐ Yes, approximate date homelessness started: \_\_\_\_\_

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Prior Living Situation: \* (Living situation just prior to project entry)

**TEMPORARY AND PERMANENT HOUSING SITUATIONS**

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (Including homeless youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Rental by client, with GPD TIP housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent subsidy
- ☐ Rental by client, with HCV voucher (tenant or project based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, with no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

**OTHER**

- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**If the client's type of residence is a transitional or permanent housing situation, answer the following questions:**

Did you stay less than 7 nights?:\*

☐ Yes

☐ No

If Yes, then length of stay in the prior living situation:\*

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If No, then length of stay in the prior living situation:\*

- ☐ One week or more, but less than one month
- ☐ One month or longer, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

On the night before did you stay on the streets, ES or SH:\*

- ☐ Yes, approximate date homelessness started: \_\_\_\_\_
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**Only answer the next two questions if client's type of residence was a homeless situation or if client stayed on the streets, in an ES or SH on the night before.**

Regardless of where they stayed last night – number of times the client has been on the streets, in ES, or SH in the past three years including today:\*

- ☐ One Time
- ☐ Two Times
- ☐ Three Times
- ☐ Four Times
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Total number of months homeless on the street, in ES, or SH in the past three years:\*

- ☐ One month (this time is the first month)
- ☐ 2-12 months
- ☐ Number of months (2-12):\* \_\_\_\_\_
- ☐ More than 12 months
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Covered by Health Insurance:\*

- ☐ Yes
- ☐ Client Doesn't Know
- ☐ Data Not Collected
- ☐ No
- ☐ Client Refused

Type of Insurance:\*

- ☐ Medicaid
- ☐ Medicare
- ☐ State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP)
- ☐ Veteran's Administration (VA) Medical Services
- ☐ Health Insurance Obtained through COBRA
- ☐ Private Pay Health Insurance
- ☐ State Health Insurance for Adults (HIP or HIP 2.0)
- ☐ Indian Health Service (Native American)
- ☐ Other Public
- ☐ Other \_\_\_\_\_

Insurance Status:\*

- ☐ Active
  - ☐ Start Date: \_\_\_\_\_
  - ☐ End Date: \_\_\_\_\_
- ☐ No
  - ☐ Applied; decision pending
  - ☐ Applied; client not eligible
  - ☐ Client did not apply
  - ☐ Insurance type N/A for this client
  - ☐ Client Doesn't Know
  - ☐ Client Refused
  - ☐ Data Not Collected

Basic Care Program (BCP) Status Assessment:\* (Only for Emergency Shelter and Prevention project participants)

Date Status Determined:\* \_\_\_\_\_

Youth Eligible for RHY Services:\*

☐ Yes ☐ No

If yes, runaway youth?:

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

If No, Reason:

☐ Out of Age Range

☐ Ward of the State – Immediate Reunification

☐ Ward of the Criminal Justice System –  
Immediate Reunification

☐ Other

HMIS Barriers Assessment:\* (Street Outreach project participants skip to Health Assessment on page 6)

**Alcohol Abuse**

Barrier Present?

☐ Yes

☐ Client Doesn't Know

☐ Data Not Collected

☐ No

☐ Client Refused

Condition is Indefinite?

☐ Yes

☐ Client Doesn't Know

☐ Data Not Collected

☐ No

☐ Client Refused

**Developmental Disability**

Barrier Present?

☐ Yes

☐ Client Doesn't Know

☐ Data Not Collected

☐ No

☐ Client Refused

Condition is Indefinite?

☐ Yes

☐ Client Doesn't Know

☐ Data Not Collected

☐ No

☐ Client Refused

**Drug Abuse**

Barrier Present?

☐ Yes

☐ Client Doesn't Know

☐ Data Not Collected

☐ No

☐ Client Refused

Condition is Indefinite?

☐ Yes

☐ Client Doesn't Know

☐ Data Not Collected

☐ No

☐ Client Refused

**HIV/AIDS**

Barrier Present?

☐ Yes

☐ Client Doesn't Know

☐ Data Not Collected

☐ No

☐ Client Refused

**HIV/AIDS Continued**

Condition is Indefinite?

☐ Yes

☐ Client Doesn't Know

☐ Data Not Collected

☐ No

☐ Client Refused

**Mental Health**

Barrier Present?

☐ Yes

☐ Client Doesn't Know

☐ Data Not Collected

☐ No

☐ Client Refused

Condition is Indefinite?

☐ Yes

☐ Client Doesn't Know

☐ Data Not Collected

☐ No

☐ Client Refused

**Physical Disability**

Barrier Present?

☐ Yes

☐ Client Doesn't Know

☐ Data Not Collected

☐ No

☐ Client Refused

Condition is Indefinite?

☐ Yes

☐ Client Doesn't Know

☐ Data Not Collected

☐ No

☐ Client Refused

**Chronic Health Condition**

Barrier Present?

☐ Yes

☐ Client Doesn't Know

☐ Data Not Collected

☐ No

☐ Client Refused

Condition is Indefinite?

☐ Yes

☐ Client Doesn't Know

☐ Data Not Collected

☐ No

☐ Client Refused

Financial Assessment:\*

Non Cash Benefits:\* ☐ Yes ☐ No

- ☐ Supplemental Nutrition Assistance Program (SNAP)  
\$ \_\_\_\_\_
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF-Funded Services
- ☐ Other Source

Employment Assessment:\*

Employed:\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

If Yes, Type of Employment:\*

- ☐ Full-Time ☐ Part-Time
- ☐ Seasonal/sporadic (including day labor)

If No, Why Not Employed:\*

- ☐ Looking for Work ☐ Not Looking for Work
- ☐ Unable to Work

Child Education Assessment:\*

Last Grade Completed:\*

- ☐ Less than grade 5 ☐ Some college
- ☐ Grades 5-6 ☐ Associate's degree
- ☐ Grades 7-8 ☐ Bachelor's degree
- ☐ Grades 9-11 ☐ Graduate degree
- ☐ Grade 12/High School Diploma ☐ Vocational certificate
- ☐ School program does not have grade levels ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected
- ☐ GED

School Status:

- ☐ Attending school regularly
- ☐ Attending school irregularly
- ☐ Graduated from high school
- ☐ Obtained GED
- ☐ Dropped out
- ☐ Suspended
- ☐ Expelled
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Health Assessment:\*

General Health Status:\*

- ☐ Excellent ☐ Very Good
- ☐ Good ☐ Fair
- ☐ Poor ☐ Client Doesn't Know
- ☐ Client Refused ☐ Data Not Collected

Dental Health Status:\*

- ☐ Excellent ☐ Very Good
- ☐ Good ☐ Fair
- ☐ Poor ☐ Client Doesn't Know
- ☐ Client Refused ☐ Data Not Collected

Mental Health Status:\*

- ☐ Excellent ☐ Very Good
- ☐ Good ☐ Fair
- ☐ Poor ☐ Client Doesn't Know
- ☐ Client Refused ☐ Data Not Collected

If female, pregnancy status:\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

RHY Entry Assessment:\*

Sexual Orientation:\*

- ☐ Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Questioning/Unsure
- ☐ Other
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Referral Source:\*

- ☐ Self-Referral
- ☐ Individual:  
Parent/Guardian/Relative/Friend/Foster  
Parent/Other Individual
- ☐ Outreach Project
  - ☐ Number of times approached by  
outreach prior to entering the  
project: \_\_\_\_\_
- ☐ Temporary Shelter
- ☐ Residential Project
- ☐ Hotline
- ☐ Child Welfare/CPS
- ☐ Juvenile Justice
- ☐ Law Enforcement/Police
- ☐ Mental Hospital
- ☐ School
- ☐ Other Organization
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Critical Issue:

Yes:      No:

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployment-Family Member                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Mental Health Issues-Family Member                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical Disability-Family Member                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Alcohol or Substance Abuse-Family Member           |
| <input type="checkbox"/> | <input type="checkbox"/> | Insufficient Income to Support Youth-Family Member |
| <input type="checkbox"/> | <input type="checkbox"/> | Incarcerated Parent of Youth                       |

Contact:\* *(Only for Street Outreach project participants)*

Date of Contact:\* \_\_\_\_\_

Contact with: \_\_\_\_\_

Enrollment:\* \_\_\_\_\_

Staying on streets, ES or Safe Haven:\*

- ☐ No
- ☐ Yes
- ☐ Worker unable to determine

Formerly Ward Of:\*

- ☐ Child Welfare/Foster Care Agency
  - ☐ Yes
  - ☐ No
  - ☐ Client Doesn't Know
  - ☐ Client Refused
  - ☐ Data Not Collected

If Ward of Child Welfare/Foster Care, Number of Years:

- ☐ Less Than One Year
  - ☐ Number of Months (1-11): \_\_\_\_\_
  - ☐ 1 to 2 Years
  - ☐ 3 to 5 Years

- ☐ Juvenile Justice System

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If Ward of Juvenile Justice System, Number of Years:

- ☐ Less Than One Year
  - ☐ Number of Months (1-11): \_\_\_\_\_
  - ☐ 1 to 2 Years
  - ☐ 3 to 5 Years

Other helpful resources at [www.IndianaBOS.org](http://www.IndianaBOS.org).